| Fill in this information to identify your case: | | |
|---|-------------------------------|----------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF CALIFORNIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Matthew First name William Middle name Vickers Last name and Suffix (Sr., Jr., II, III) | Ariana First name Kathleen Middle name Vickers Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8987 | xxx-xx-3036 |

Debtor 1 Matthew William Vickers
Debtor 2 Ariana Kathleen Vickers

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ☐ I have not used any business name or EINs. DBA Rocklin Coin Shop Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 14169 Chestnut Ct. Penn Valley, CA 95946 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Nevada | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

| | otor 1 otor 2 | Matthew William V Ariana Kathleen V | | _ | | | Case | number (if known) | |
|---------------------------|----------------------------------|---|------------------|---|---|---|--|--|---|
| | | | | | | | | | |
| Par | t 2: | Tell the Court About \ | | | | | | | |
| 7. | Bankruptcy Code you are | | | | rief description of each, see go to the top of page 1 and | | | C.C. § 342(b) for Individu | uals Filing for Bankruptcy |
| | cnoo | hoosing to file under | □с | hapter 7 | | | | | |
| | | | □с | hapter 11 | | | | | |
| | | | □с | hapter 12 | | | | | |
| | | | ■ Chapter 13 | | | | | | |
| 8. | How | you will pay the fee | • | about how your order. If your a pre-printed | the entire fee when I file my petition. Please check with the clerk's office in your local court for more details you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money our attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with ed address. To ay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay | | | | |
| | | | | The Filing Fed I request that but is not requapplies to you | e <i>in Installment</i> s (Official Fo t my fee be waived (You m | orm 103A). nay request d may do so nable to pa | this option only i o only if your inco y the fee in instal | if you are filing for Chap me is less than 150% o Iments). If you choose t | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out |
| 9. Have you filed for No. | | | | | | | | | |
| | bank | ruptcy within the 3 years? | _ Y _€ | | | | | | |
| | iast | years: | — 16 | District | Eastern District of California | When | 12/16/13 | Case number | 13-35754 |
| | | | | District | Gumorma | | | Case number | |
| | | | | District | | When | | Case number | |
| 10. | case: filed not fi you, | any bankruptcy s pending or being by a spouse who is lling this case with or by a business ner, or by an ate? | ■ No | - | | | | | |
| | | | | Debtor | | | | Relationship to y | rou |
| | | | | District | | When | | Case number, if | known |
| | | | | Debtor | | | | Relationship to y | · |
| | | | | District | | When | | Case number, if | known |
| 11. | | ou rent your | ■ No | Go to li | ne 12. | | | | |
| | resid | ence? | □ Ye | es. Has yo | ur landlord obtained an evid | tion judgm | ent against you a | and do you want to stay | in your residence? |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Stateme</i> bankruptcy petition. | nt About ar | n Eviction Judgm | ent Against You (Form | 101A) and file it with this |

| | tor 1 Matthew William V | | | Case number (if known) |
|---|--|--------------------|---|---|
| | | | | |
| Par | Report About Any Bu | ısinesses | You Own as a Sole Propri | etor |
| 12. | Are you a sole proprietor of any full- or part-time business? | □ No. | Go to Part 4. | |
| | | ■ Yes. | Name and location of bu | usiness |
| | A sole proprietorship is a business you operate as an individual, and is not a | | Rocklin Coin Shop Name of business, if any | <u>, </u> |
| | separate legal entity such as a corporation, partnership, or LLC. | | | |
| | If you have more than one sole proprietorship, use a | | Number Street City St | ota 9 7ID Coda |
| | separate sheet and attach it to this petition. | | Number, Street, City, St. | |
| it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | · | |
| | | | | al Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Brok | ter (as defined in 11 U.S.C. § 101(6)) |
| | | | None of the above | ve |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appro- lines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statem titions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the pro- U.S.C. 1116(1)(B). | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | t 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | public health or safety? Or do you own any property that needs | | If immediate attention is | |
| | immediate attention? | | needed, why is it needed? | |
| | For example, do you own | | | |
| | perishable goods, or livestock that must be fed, or a building that needs | | Where is the property? | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code |
| | | | | |

Debtor 1 Matthew William Vickers
Debtor 2 Ariana Kathleen Vickers

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 tor 2 | Matthew William V Ariana Kathleen V | | | | Case number | (if known) |
|-----|--|--|--|--|---|---------------------------------------|--|
| Par | t 6: | Answer These Questi | ons for R | eporting Purposes | | | |
| 16. | | kind of debts do | 16a. | Are your debts primarily consindividual primarily for a person | | | ed in 11 U.S.C. § 101(8) as "incurred by an |
| | | | | ■ No. Go to line 16b. | | | |
| | | | | ☐ Yes. Go to line 17. | | | |
| | | | 16b. | Are your debts primarily busi money for a business or investr | | | |
| | | | | ☐ No. Go to line 16c. | | | |
| | | | | Yes. Go to line 17. | | | |
| | | | 16c. | State the type of debts you owe | that are not consu | mer debts or business | debts |
| 17. | | ou filing under | ■ No. | I am not filing under Chapter 7. | Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded a | | ☐ Yes. | are paid that funds will be availa | | | rty is excluded and administrative expenses |
| | | nistrative expenses aid that funds will | | □ No | | | |
| | distr | be available for distribution to unsecured creditors? | | ☐ Yes | | | |
| 18. | How | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 |) | □ 25,001-50,000 |
| | | | □ 50-99 | | ☐ 5001-10,000 | | □ 50,001-100,000 □ No. 1100,000 |
| | | | □ 100-1 □ 200-9 | | ☐ 10,001-25,0 | 000 | ☐ More than100,000 |
| 19. | | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | | nate your assets to orth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - \$500 million | | ☐ More than \$50 billion | |
| 20. | | much do you | □ \$0 - \$ | | □ \$1,000,001 | | ☐ \$500,000,001 - \$1 billion |
| | to be | nate your liabilities ? | _ | 001 - \$100,000 | □ \$10,000,00° | 1 - \$50 million 1 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | | 01 - \$500 million | ☐ More than \$50 billion |
| Par | 7: | Sian Below | | | | | |
| For | you | | I have ex | kamined this petition, and I declar | e under penalty of | perjury that the informa | ation provided is true and correct. |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of to United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | an attorney to help me fill out this |
| | | | I request | relief in accordance with the cha | pter of title 11, Unit | ed States Code, specif | fied in this petition. |
| | | | | cy case can result in fines up to \$ | | | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | /s/ Matt | hew William Vickers | | /s/ Ariana Kathlee | |
| | | | | w William Vickers e of Debtor 1 | | Ariana Kathleen Signature of Debtor 2 | |
| | | | Executed | I - / - | | Executed on April | |
| | | | | MM / DD / YYYY | | MM / | DD / YYYY |

| Debtor 1 Matthew William Ariana Kathleen V | | Cas | e number (if known) |
|---|---|-----------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unite | d States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect. | certify that I have no know | rledge after an inquiry that the information in the |
| | /s/ W. Steven Shumway | Date | April 20, 2017 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | W. Steven Shumway Printed name | | |
| | Law Office of W. Steven Shumway | | |
| | Firm name | | |
| | 300 Harding Blvd., Suite 116 Roseville, CA 95678 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone (916) 789-8821 | Email address | sshumway@shumwaylaw.com |
| | 119351 | | |
| | Bar number & State | | |

| Fill in this information to identify your case: | | | | |
|---|--|---|--|--|
| Matthew William | Vickers | | | |
| First Name | Middle Name | Last Name | | |
| Ariana Kathleen | Vickers | | | |
| First Name | Middle Name | Last Name | | |
| nkruptcy Court for the: | EASTERN DISTRICT C | PF CALIFORNIA | | |
| | | | | |
| | Matthew William First Name Ariana Kathleen | Matthew William Vickers First Name Middle Name Ariana Kathleen Vickers First Name Middle Name | Matthew William Vickers First Name Middle Name Last Name Ariana Kathleen Vickers First Name Middle Name Last Name | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| • | | | |
|-----|---|-------------|---------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 180,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 71,400.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 251,400.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 231,538.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 41,332.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 42,251.00 |
| | Your total liabilities | \$ | 315,121.00 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 9,000.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,270.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | l, family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

| Debtor 1 Debtor 2 | Matthew William Vickers Ariana Kathleen Vickers | Case number (if known) | |
|----------------------|---|------------------------|----|
| | n the Statement of Your Current Monthly Income: Cop v-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li | | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot A on Only della E/E consulta fallondaria | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 41,332.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 41,332.00 |

| | in this information | on to identify | your case and th | is filing: | |
|-----------------|--|-----------------------------|--|--|--|
| Deb | | | lliam Vickers | No. | |
| Deh | | irst Name | Middle leen Vickers | Name Last Name | |
| | | irst Name | Middle | Name Last Name | |
| Unit | ed States Bankru | ptcy Court for | the: EASTERN | DISTRICT OF CALIFORNIA | |
| Cas | e number | | | | ☐ Check if this is ar amended filing |
| | ficial Form | | - | | 12/15 |
| think inforr | it fits best. Be as mation. If more spayer every question. | complete and ace is needed, | accurate as possible attach a separate sh | e. If two married people are filing togeth | nore than one category, list the asset in the category where you her, both are equally responsible for supplying correct litional pages, write your name and case number (if known). |
| | Yes. Where is the | property? | | | |
| 1.1 | 14169 Chestn | ut Ct | | What is the property? Check all that app | ply |
| | Street address, if avail | | scription | Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: |
| | | | | Condominium or cooperative | Creditors Who Have Claims Secured by Property. |
| | Penn Valley | CA | 95946-0000 | ☐ Manufactured or mobile home☐ Land | Current value of the current value of the entire property? portion you own? |
| | City | State | ZIP Code | ☐ Investment property | \$180,000.00 \$180,000.00 |
| | | | | ☐ Timeshare | Describe the nature of your ownership interest |
| | | | | Other | |
| | | | | | (such as fee simple, tenancy by the entireties, or |
| | | | | Who has an interest in the property? | Proceedings of the control of the co |
| | Nevada | | | | Proceedings of the control of the co |
| | Nevada County | | | Who has an interest in the property? Debtor 1 only | ? Check one a life estate), if known. |
| | | | | Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and | ? Check one a life estate), if known. Check if this is community property (see instructions) |
| | | | | Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | ? Check one a life estate), if known. Check if this is community property (see instructions) |
| | | | | Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Other information you wish to add a | ? Check one a life estate), if known. Check if this is community property (see instructions) |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

| Debto | | /latthew William Ariana Kathleen | | Ca | Case number (if known) | | | |
|-----------------|----------------------|---|------------------|--|--|---|--|--|
| 3. Ca ı | rs, vans | , trucks, tractors, | sport utility ve | hicles, motorcycles | | | | |
| □ 1 | Nο | | | | | | | |
| - \ | res . | | | | | | | |
| | | | | | | | | |
| 3.1 | Make: | Chevrolet | | Who has an interest in the property? Check one | | claims or exemptions. Put red claims on Schedule D: | | |
| | Model: | Camaro | | ☐ Debtor 1 only | | aims Secured by Property. | | |
| | Year: | 2011 | | ☐ Debtor 2 only | Current value of the | Current value of the | | |
| | | mate mileage: | 34000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | Other in | formation: | | At least one of the debtors and another | | | | |
| | | | | ■ Check if this is community property (see instructions) | \$10,000.00 | \$10,000.00 | | |
| 3.2 | Make: | Toyota | | Who has an interest in the property? Check one | | claims or exemptions. Put | | |
| 5.2 | Model: | Sienna | | Debtor 1 only | | red claims on Schedule D: aims Secured by Property. | | |
| | Year: | 2015 | | Debtor 2 only | | | | |
| | Approxi | mate mileage: | 42000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | | |
| | Other in | formation: | | ☐ At least one of the debtors and another | | | | |
| | | | | ■ Check if this is community property (see instructions) | \$18,000.00 | \$18,000.00 | | |
| 3.3 | Make: | Toyota | | Who has an interest in the property? Check one | | claims or exemptions. Put | | |
| 0.0 | Model: | 0' | | Debtor 1 only | | red claims on Schedule D: aims Secured by Property. | | |
| | Year: | ear: 2010 | | ☐ Debtor 2 only | | , , , | | |
| | Approximate mileage: | | | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | | |
| | Other information: | | | \square At least one of the debtors and another | | | | |
| | | | | Check if this is community property (see instructions) | \$2,000.00 | \$2,000.00 | | |
| | mples: E | | | d other recreational vehicles, other vehicles, an tercraft, fishing vessels, snowmobiles, motorcycle a | | | | |
| 4.1 | Make: | Bayliner | | Who has an interest in the property? Check one | | claims or exemptions. Put | | |
| | Model: | 1750 | | ☐ Debtor 1 only | | red claims on Schedule D: aims Secured by Property. | | |
| | Year: | 1998 | | ☐ Debtor 2 only | Current value of the | Current value of the | | |
| | | | | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | Other in | formation: | | At least one of the debtors and another | | | | |
| | | | | Check if this is community property (see instructions) | \$3,500.00 | \$3,500.00 | | |
| | | | | n for all of your entries from Part 2, including an | | \$33,500.00 | | |
| Part 3 Do yo | | ibe Your Personal ar or have any legal (| | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |

| Debtor 1 Debtor 2 | | lliam Vickers leen Vickers | Case numb | er (if known) |
|-------------------------------|---|--|--|--|
| | n old goods and bles: Major applia | furnishings nces, furniture, linens, china, kitchenwa | re | |
| Yes. | . Describe | | | |
| | | Furniture and Appliances in ho | ome | \$4,000.00 |
| ■ No | les: Televisions a | and radios; audio, video, stereo, and dig I phones, cameras, media players, gam | ital equipment; computers, printers, scannees | ers; music collections; electronic devices |
| 8. Collecti Example No | ibles of value oles: Antiques and | I figurines; paintings, prints, or other art ons, memorabilia, collectibles | work; books, pictures, or other art objects; | stamp, coin, or baseball card collections; |
| Example No | nent for sports a bles: Sports, photo musical instr | ographic, exercise, and other hobby equ | nipment; bicycles, pool tables, golf clubs, sl | xis; canoes and kayaks; carpentry tools; |
| | | sports equipment | | \$500.00 |
| □ No | | s, shotguns, ammunition, and related e | quipment | |
| | | Guns | | \$2,000.00 |
| □ No | | othes, furs, leather coats, designer wea | ır, shoes, accessories | |
| | | clothing | | \$500.00 |
| □ No | | welry, costume jewelry, engagement rin | ngs, wedding rings, heirloom jewelry, watch | nes, gems, gold, silver |
| | | jewelry | | \$1,000.00 |
| Exam _l ■ No □ Yes. | arm animals pples: Dogs, cats, Describe | | | |
| ■ No | ther personal ar . Give specific in | | dy list, including any health aids you did | d not list |

| Debtor 1 Debtor 2 | Matthew Wil Ariana Kathl | liam Vickers een Vickers | | Case number (if known) | |
|----------------------|---|--|--|------------------------------|---|
| | 7.1.141.14 | | | Γ | |
| | | | Part 3, including any entries for page: | s you have attached | \$8,000.00 |
| Part 4: D | escribe Your Finan | cial Assets | | | |
| Do you o | own or have any l | egal or equitable interest ir | n any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | nples: Money you l | have in your wallet, in your ho | ome, in a safe deposit box, and on hand | d when you file your petitio | n |
| | | | | Cash | \$900.00 |
| Exan | | | ounts; certificates of deposit; shares in s with the same institution, list each. Institution name: | credit unions, brokerage h | ouses, and other similar |
| — 163 | ······ | | | | |
| | | 17.1. Checking | Tri-Counties Bank | | \$7,000.00 |
| 19. Non- | s oublicly traded st venture | ock and interests in incorp | orated and unincorporated business | es, including an interest | in an LLC, partnership, and |
| | s. Give specific inf | ormation about them Name of entity: | | % of ownership: | |
| Nego | otiable instruments | include personal checks, cas | otiable and non-negotiable instrumer shiers' checks, promissory notes, and n ansfer to someone by signing or deliver | noney orders. | |
| | s. Give specific info | ormation about them Issuer name: | | | |
| | ement or pension nples: Interests in I | | 403(b), thrift savings accounts, or other | pension or profit-sharing p | olans |
| ☐ Yes | s. List each accour | nt separately. Type of account: | Institution name: | | |
| Your <i>Exan</i> | | d deposits you have made so | o that you may continue service or use public utilities (electric, gas, water), tele | | es, or others |
| ■ No □ Yes | 3 | | Institution name or individual: | | |
| 23. Annu | ities (A contract fo | or a periodic payment of mon | ey to you, either for life or for a number | of years) | |
| ■ No | Is | suer name and description. | | | |
| | | · | | | |
| 24. Intere | sts in an education | on IRA, in an account in a q | _l ualified ABLE program, or under a q | ualified state tuition pro | gram. |

| | ebtor 1 ebtor 2 | | Villiam Vickers thleen Vickers | Case number (if known) | |
|-----|--------------------|--|--|---|---|
| | ■ No □ Yes | | Institution name and description. Separately | file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | _ ` | equitable or | future interests in property (other than any | thing listed in line 1), and rights or powers exerc | cisable for your benefit |
| | ■ No □ Yes. | Give specific | information about them | | |
| 26 | Example ■ No | les: Internet d | trademarks, trade secrets, and other intelliomain names, websites, proceeds from royalt information about them | | |
| 27. | | · | s, and other general intangibles | | |
| | | | | iation holdings, liquor licenses, professional licenses | 3 |
| | | Give specific | information about them | | |
| M | oney or p | oroperty owe | d to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | | unds owed to | o you | | |
| | ■ No □ Yes. 0 | Give specific i | nformation about them, including whether you | already filed the returns and the tax years | |
| 29 | ■ No | les: Past due | or lump sum alimony, spousal support, child s | support, maintenance, divorce settlement, property s | ettlement |
| 30 | | <i>les:</i> Unpaid w | eone owes you ages, disability insurance payments, disability unpaid loans you made to someone else | benefits, sick pay, vacation pay, workers' compens | ation, Social Security |
| | ☐ Yes. | Give specific | information | | |
| 31. | | t s in insurand <i>les:</i> Health, di | | unt (HSA); credit, homeowner's, or renter's insurance | е |
| | ☐ Yes. N | Name the insu | urance company of each policy and list its valu Company name: | ue. Beneficiary: | Surrender or refund value: |
| 32 | If you a someor | | erty that is due you from someone who had ciary of a living trust, expect proceeds from a li | s died ife insurance policy, or are currently entitled to receive | ve property because |
| | ■ No □ Yes. | Give specific | information | | |
| 33. | Exampl | | I parties, whether or not you have filed a la s, employment disputes, insurance claims, or r | | |
| | ■ No □ Yes. | Describe eac | h claim | | |
| 34 | ■ No | • | , | uding counterclaims of the debtor and rights to s | set off claims |
| | | Describe eac | | | |
| 35 | . Any fina ■ No | ancial assets | s you did not already list | | |

| Debtor 1 Debtor 2 | Matthew William Vickers Ariana Kathleen Vickers Case number (if known) | |
|--------------------------------|--|---|
| ☐ Yes. | Give specific information | |
| | he dollar value of all of your entries from Part 4, including any entries for pages you have attached art 4. Write that number here | \$7,900.00 |
| Part 5: De | scribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. Do you | own or have any legal or equitable interest in any business-related property? to Part 6. | |
| Yes. (| o to line 38. | |
| | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | nts receivable or commissions you already earned Describe | |
| Exam _i □ No - | equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, Describe | , chairs, electronic devices |
| | office furniture | \$7,000.00 |
| ■ No □ Yes. | ery, fixtures, equipment, supplies you use in business, and tools of your trade Describe | |
| 41. Invent ☐ No ■ Yes. | Describe | |
| | coin and metals inventory | \$15,000.00 |
| ■ No | ds in partnerships or joint ventures Give specific information about them Name of entity: % of ownership: | |
| 43. Custo | ner lists, mailing lists, or other compilations | |
| | r lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | ■ No □ Yes. Describe | |
| ■ No | siness-related property you did not already list Give specific information | |

| | otor 1 otor 2 | Matthew William Vickers Ariana Kathleen Vickers | | Case number (if known) | |
|-----|------------------|---|--------------------------|------------------------------|-----------------------|
| 45. | | he dollar value of all of your entries from Part 5, includi art 5. Write that number here | | | \$22,000.00 |
| Par | | scribe Any Farm- and Commercial Fishing-Related Property Yo ou own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| 46. | Do you | own or have any legal or equitable interest in any farm | - or commercial fishin | g-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes. | . Go to line 47. | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| ı | Examp ■ No | have other property of any kind you did not already lisoles: Season tickets, country club membership Give specific information | t? | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write the | hat number here | | \$0.00 |
| Par | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$180,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$33,500.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$8,000.00 | | |
| 58. | Part 4 | l: Total financial assets, line 36 | \$7,900.00 | | |
| 59. | Part 5 | i: Total business-related property, line 45 | \$22,000.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$71,400.00 | Copy personal property total | al \$71,400.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$251,400.00 |

| Fill in this infor | | | | | | |
|---|-----------------|-------------------------|--------------|--|-----------------------|--|
| Debtor 1 | Matthew William | Matthew William Vickers | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Ariana Kathleen | Vickers | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F CALIFORNIA | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | e Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--|--------------------------------------|--|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| | 2015 Toyota Sienna 42000 miles Line from Schedule A/B: 3.2 | \$18,000.00 | | \$12,650.00 | C.C.P. § 703.140(b)(5) |
| | Line Horr Scredule A/B. 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2015 Toyota Sienna 42000 miles Line from Schedule A/B: 3.2 | \$18,000.00 | | \$5,350.00 | C.C.P. § 703.140(b)(2) |
| | Line Holli Golleddie PVD. 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Furniture and Appliances in home Line from Schedule A/B: 6.1 | \$4,000.00 | | \$4,000.00 | C.C.P. § 703.140(b)(3) |
| | Elife Holli Genedale PAB. 411 | | | 100% of fair market value, up to any applicable statutory limit | |
| | sports equipment Line from Schedule A/B: 9.1 | \$500.00 | | \$500.00 | C.C.P. § 703.140(b)(3) |
| | Elife Holli Genedale PAB. 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Guns Line from Schedule A/B: 10.1 | \$2,000.00 | | \$2,000.00 | C.C.P. § 703.140(b)(3) |
| | LINE HOLL SCHEAULE AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| Debtor Debtor | | | Case number (if known) | | | |
|--|--|--------------------------------------|------------------------|---|------------------------------------|--|
| | ef description of the property and line on hedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | othing ne from <i>Schedule A/B</i> : 11.1 | \$500.00 | | \$500.00 | C.C.P. § 703.140(b)(3) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| • | welry ne from <i>Schedule A/B</i> : 12.1 | \$1,000.00 | | \$1,000.00 | C.C.P. § 703.140(b)(4) | |
| LII | io ii oii ochedule 24 B. 1211 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | ash ne from <i>Schedule A/B</i> : 16.1 | \$900.00 | | \$900.00 | C.C.P. § 703.140(b)(5) | |
| <u> </u> | io nom <i>Genedale Alb.</i> 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | necking: Tri-Counties Bank | \$7,000.00 | | \$7,000.00 | C.C.P. § 703.140(b)(5) | |
| Line from Schedule A/B. 17.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | fice furniture ne from <i>Schedule A/B</i> : 39.1 | \$7,000.00 | | \$7,000.00 | C.C.P. § 703.140(b)(6) | |
| <u> </u> | io nom denedate A/B. GG.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | in and metals inventory | \$15,000.00 | | \$7,675.00 | C.C.P. § 703.140(b)(5) | |
| LII | le IIOIII <i>Schedule AVD.</i> 4111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | |
| | Yes. Did you acquire the property cover ☐ No | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? | |
| | ☐ Yes | | | | | |

| Fill in this information to ider | ntify <u>your</u> | case: | | | |
|--|-------------------|---|----------------------------|----------------------|---------------|
| Debtor 1 Matthew | | | | | |
| First Name | | | | | |
| Debtor 2 Ariana K | athleen | | | | |
| (Spouse if, filing) First Name | | Middle Name Last Name | | | |
| United States Bankruptcy Cour | rt for the: | EASTERN DISTRICT OF CALIFORNIA | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | led filing |
| Official Form 106D | | | | | |
| | litoro | Who Hove Claims Secure | d by Droporty | | 40/45 |
| Schedule D: Cred | itors | Who Have Claims Secure | ed by Property | | 12/15 |
| | | two married people are filing together, both are eut, number the entries, and attach it to this form. | | | |
| 1. Do any creditors have claims so | ecured by | your property? | | | |
| | - | is form to the court with your other schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in all of the info | rmation h | elow. | - | | |
| Part 1: List All Secured Cl | aims | | | | |
| | | ore than one secured claim, list the creditor separate | Column A | Column B | Column C |
| for each claim. If more than one cr | editor has | a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in | alphabetic | al order according to the creditor's name. | hat supports this claim | portion If any | |
| 2.1 Nationstar Mortgage | | Describe the property that secures the claim: | \$209,000.00 | \$180,000.00 | \$29,000.00 |
| Creditor's Name | | 14169 Chestnut Ct. Penn Valley, CA 95946 Nevada County | | | |
| 350 Highland | L | As of the date you file, the claim is: Check all that | | | |
| Houston, TX 77067 | | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip | Code | ☐ Unliquidated | | | |
| | | Disputed | | | |
| Who owes the debt? Check one |). | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and | anothor | ☐ Judgment lien from a lawsuit | | | |
| ■ Check if this claim relates to a | | Other (including a right to offset) | | | |
| community debt | а | | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |
| 2.2 Travis CU | | Describe the property that secures the claim: | \$13,851.00 | \$10,000.00 | \$3,851.00 |
| Creditor's Name | | 2011 Chevrolet Camaro 34000 miles | | | |
| | | | | | |
| P.O. Box 2069 | L | As of the date you file, the claim is: Check all that | | | |
| Vacaville, CA 95696 | | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip | Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the debt? Check one |). | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| ■ Debtor 1 and Debtor 2 only□ At least one of the debtors and | anotha- | ☐ Judgment lien from a lawsuit | | | |
| ■ Check if this claim relates to a | | ☐ Other (including a right to offset) | | | |
| community debt | а | | | | |
| Data dahta in assumed | | Look & digital of account mounts on | | | |

| Debtor 1 | Matthew William Vicker | thew William Vickers | | | |
|----------|---|--|--------------|------------|------------|
| | First Name Middle N | lame Last Name | | | |
| Debtor 2 | 7 THAIR TRACTION TOTOLO | - | | | |
| | First Name Middle N | lame Last Name | | | |
| w | ilshire Consumer | | | | |
| 1231 | edit | Describe the property that secures the claim: | \$8,687.00 | \$2,000.00 | \$6,687.00 |
| Cre | editor's Name | 2010 Toyota Sienna | | | |
| | O. Box 849083 os Angeles, CA 90084 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Nui | mber, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who ow | es the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debto | • | An agreement you made (such as mortgage or se car loan) | ecured | | |
| Debto | or 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At lea | st one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | k if this claim relates to a munity debt | Other (including a right to offset) | | | |
| Date deb | ot was incurred | Last 4 digits of account number | | | |
| | | | | | |
| Add th | e dollar value of your entries in C | Column A on this page. Write that number here: | \$231,538.00 | | |
| | s the last page of your form, add hat number here: | the dollar value totals from all pages. | \$231,538.00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inf | ormation to identify your cas | se: | | | | | |
|---|---|---|---|--------------------------|-----------------|------------|-----------------------------|
| Debtor 1 | Matthew William Vio | | | | | | |
| D.1. | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | Ariana Kathleen Vic | Kers Middle Name | Last Name | | | | |
| | | | CT OF CALIFORNIA | | | | |
| | | | | | | | |
| Case number (if known) | | | | | _ | Ch a al. | if this is an |
| (II KHOWH) | | | | | | | if this is an led filing |
| Official Fo | orm 106E/F | | | | | | |
| | E/F: Creditors Who | o Have Uns | secured Claims | | | | 12/15 |
| Schedule D: Creeft. Attach the Grame and case | editors Who Have Claims Secure Continuation Page to this page. I number (if known). | d by Property. If m f you have no infor | orm 106G). Do not include any cro ore space is needed, copy the Par mation to report in a Part, do not | t you need, fill it out, | number the | entries ir | n the boxes on the |
| | t All of Your PRIORITY Unse | | | | | | |
| | ditors have priority unsecured c | laims against you? | | | | | |
| □ No. Go | to Part 2. | | | | | | |
| Yes. | | | | | | | |
| identify what possible, lis | at type of claim it is. If a claim has b | oth priority and nong ccording to the cred | than one priority unsecured claim, lip priority amounts, list that claim here a tor's name. If you have more than to ther creditors in Part 3. | and show both priority a | nd nonpriorit | y amount | ts. As much as |
| (For an exp | lanation of each type of claim, see | the instructions for t | his form in the instruction booklet.) | | | | |
| | • | | , | Total claim | Priority amount | | Nonpriority amount |
| | loyment Development De | pt. Last 4 di | gits of account number | \$332.00 | \$: | 331.74 | \$0.26 |
| | r Creditor's Name Kruptcy Special Procedure | S When wa | s the debt incurred? | | | | |
| Grou | | ,3 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - | | |
| _ | Box 825880 MIC 92E | | | | | | |
| | amento, CA 94280 er Street City State Zlp Code | As of the | date you file, the claim is: Check | all that apply | | | |
| | rred the debt? Check one. | ☐ Contin | • | ан шасарріу | | | |
| ☐ Debtor | | _ | ŭ | | | | |
| ☐ Debtor | , | ☐ Unliqu | | | | | |
| _ | 1 and Debtor 2 only | ☐ Disput | PRIORITY unsecured claim: | | | | |
| _ | st one of the debtors and another | | stic support obligations | | | | |
| _ | | | and certain other debts you owe the | a government | | | |
| | if this claim is for a community | ucbi | s for death or personal injury while y | • | | | |
| Is the clai | im subject to offset? | ☐ Other. | | | | | |
| <u> </u> | | | | | | | |

☐ Yes

| Debtor 1 Matthew William Vickers Debtor 2 Ariana Kathleen Vickers | | Case number (if know) | | | | | |
|---|--|---|----------------------------|-----------------------|-----------------|--|--|
| 2.2 | Franchise Tax Board | Last 4 digits of account number | \$5,500.00 | \$463.00 | \$5,037.00 | | |
| i 1 | Priority Creditor's Name Bankrtuptcy Section MS A-340 P.O. Box 2952 Sacramento, CA 95812 | When was the debt incurred? | | | | | |
| 1 | Number Street City State Zlp Code | As of the date you file, the claim is: Check all the | hat apply | | | | |
| Who | incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | |
| | Debtor 2 only | □ Disputed | | | | | |
| = 1 | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | | |
| | · | ■ Taxes and certain other debts you owe the go □ Claims for death or personal injury while you v □ Other. Specify | were intoxicated | | | | |
| I | nternal Revenue Service | Last 4 digits of account number | \$35,500.00 | \$10,430.00 | \$25,070.00 | | |
| ı | Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101 | When was the debt incurred? | | | | | |
| 1 | Number Street City State Zlp Code | As of the date you file, the claim is: Check all the | hat apply | | | | |
| _ | o incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | |
| = (| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | | |
| | Check if this claim is for a community debt ne claim subject to offset? | ■ Taxes and certain other debts you owe the go □ Claims for death or personal injury while you w | | | | | |
| = 1 | · • · | Other. Specify | | | | | |
| | Yes | | | | | | |
| Part 2: | List All of Your NONPRIORITY Unsecu | red Claims | | | | | |
| 3. Do ar | ny creditors have nonpriority unsecured claim | s against you? | | | | | |
| □ No | o. You have nothing to report in this part. Submit | this form to the court with your other schedules. | | | | | |
| ■ Ye | es. | | | | | | |
| unsec | cured claim, list the creditor separately for each clone creditor holds a particular claim, list the other | alphabetical order of the creditor who holds ead aim. For each claim listed, identify what type of clair creditors in Part 3.If you have more than three nonp | m it is. Do not list claim | s already included in | Part 1. If more | | |

Total claim

| | Matthew William Vickers Ariana Kathleen Vickers | Case number (if know) | | | |
|-----|--|---|------------|--|--|
| 4.1 | Capital One | Last 4 digits of account number | \$1,873.00 | | |
| | Nonpriority Creditor's Name P.O. Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | | | |
| - | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | \$1,972.00 | | |
| | P.O. Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | | | |
| _ | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify | | | |
| | Chase Credit Cards Nonpriority Creditor's Name | Last 4 digits of account number | \$115.00 | | |
| | P.O. Box 15298 Wilmington, DE 19850 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |

| Debtor 1 Debtor 2 | Matthew William Vickers Ariana Kathleen Vickers | Case number (if know) | |
|----------------------|--|---|------------|
| | GECRB/Amazon | Last 4 digits of account number | \$942.00 |
| ı | Nonpriority Creditor's Name P.O. Box 956016 Orlando, FL 32896 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| I | Debtor 1 only | ☐ Contingent | |
| I | Debtor 2 only | ☐ Unliquidated | |
| ı | Debtor 1 and Debtor 2 only | □ Disputed | |
| I | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| 1 | Check if this claim is for a community | ☐ Student loans | |
| c | debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | ☐ Yes | Other. Specify | |
| | GECRB/Amazon | Last 4 digits of account number | \$426.00 |
| I | Nonpriority Creditor's Name P.O. Box 956016 Orlando, FL 32896 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| ١ | Who incurred the debt? Check one. | | |
| I | Debtor 1 only | ☐ Contingent | |
| I | Debtor 2 only | ☐ Unliquidated | |
| I | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| I | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ı | Check if this claim is for a community | ☐ Student loans | |
| c | debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| 1 | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | Other. Specify | |
| | Health Net Nonpriority Creditor's Name | Last 4 digits of account number | \$2,378.00 |
| I | P.O. Box 1630 Van Nuys, CA 91409 | When was the debt incurred? | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| I | Debtor 1 only | ☐ Contingent | |
| I | Debtor 2 only | ☐ Unliquidated | |
| ı | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| _ | Check if this claim is for a community | ☐ Student loans | |
| C | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ı | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

| Debtor Debtor | 1 Matthew William Vickers 2 Ariana Kathleen Vickers | Case number (if know) | | | |
|------------------|--|---|-------------|--|--|
| 4.7 | Hills Flat Lumber | Last 4 digits of account number | \$14,506.00 | | |
| | Nonpriority Creditor's Name P.O. Box 1630 Colfax, CA 95713 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.8 | Salem Communications Corp Nonpriority Creditor's Name | Last 4 digits of account number | \$4,548.00 | | |
| | c/o Szabo Associates, Inc. 3355 Lenox Rd., NE, Suite 945 Atlanta, GA 30326 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ■ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.9 | Target | Last 4 digits of account number | \$491.00 | | |
| | Nonpriority Creditor's Name P.O. Box 660170 Dallas, TX 75266 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify | | | |
| | 00 | Other. Specify | | | |

| Debtor 1 Debtor 2 | | v William Vickers Kathleen Vickers | | Case n | umber (if know) | | |
|----------------------|--------------------------------|---|--|------------|--------------------|------------------------|-------------------------|
| | P Advert Nonpriority Cr | ising LP editor's Name | Last 4 digits of account number | | | _ | \$15,000.00 |
| | | | When was the debt incurred? | | | | |
| | | t City State ZIp Code | As of the date you file, the claim | is: Check | all that apply | | |
| _ | _ | d the debt? Check one. | | | | | |
| _ | ☐ Debtor 1 o ☐ | • | ☐ Contingent | | | | |
| | Debtor 2 o | nly | ☐ Unliquidated | | | | |
| [| Debtor 1 a | nd Debtor 2 only | ☐ Disputed | | | | |
| [| At least on | e of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| I | Check if t | his claim is for a community | ☐ Student loans | | | | |
| | lebt s the claim s | subject to offset? | Obligations arising out of a sep report as priority claims | aration ag | reement or divo | rce that you did not | |
| | No | | ☐ Debts to pension or profit-shari | ng plans, | and other similar | debts | |
| [| ☐ Yes | | Other. Specify | | | | |
| Part 3: | List Othe | rs to Be Notified About a Deb | t That You Already Listed | | | | |
| is trying have m | to collect for the than one | rom you for a debt you owe to sor | out your bankruptcy, for a debt that neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | or 2, then list th | ne collection agency h | nere. Similarly, if you |
| Name and | | | On which entry in Part 1 or Part 2 did you | _ | • | | |
| | Petrini LL | | _ | _ | | iority Unsecured Claim | |
| | edham St. o, CA 953 | | | Part 2: | Creditors with No | onpriority Unsecured C | aims |
| Modest | o, on 555 | | ast 4 digits of account number | | | | |
| Part 4: | Add the | Amounts for Each Type of Un | secured Claim | | | | |
| | e amounts o | | ns. This information is for statistical | reporting | purposes only | . 28 U.S.C. §159. Add | the amounts for each |
| | | | | | То | tal Claim | |
| | | . Domestic support obligations | | 6a. | \$ | 0.00 | |
| To clai | tal ms | | | | | | |
| from Par | | . Taxes and certain other debts | you owe the government | 6b. | \$ | 41,332.00 | |
| | 60 | • | njury while you were intoxicated | 6c. | \$ | 0.00 | |
| | 60 | l. Other. Add all other priority unse | ecured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | 6e | . Total Priority. Add lines 6a thron | ugh 6d. | 6e. | \$ | 41,332.00 | |
| | | | | | _ | | |
| T - | 6f. | Student loans | | 6f. | То \$ | tal Claim 0.00 | |
| clai | tal ms | | | | | | |
| from Par | t 2 6g | Obligations arising out of a se you did not report as priority or | paration agreement or divorce that | 6g. | \$ | 0.00 | |
| | 6h | | ring plans, and other similar debts | 6h. | \$ | 0.00 | |

Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

0.00

42,251.00

42,251.00

| Fill in this information to identify your case: | | | | | |
|---|-----------------|--------------------|---------------|--|--|
| Debtor 1 | Matthew William | Vickers | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 Ariana Kathleen Vickers | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | DF CALIFORNIA | | |
| Case number _ (if known) | | | | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 George Bills, Jr 4570 Granite Dr. Rocklin, CA 95677 lease of business location

| | | 2002 - 200-2 | |
|--------------------------|---|---|--|
| Fill in this ir | nformation to identify your case: | | |
| Debtor 1 | Matthew William Vickers | | |
| Debior 1 | First Name Middle Name | Last Name | |
| Debtor 2 | Ariana Kathleen Vickers | | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United State | s Bankruptcy Court for the: EASTERN DISTRICT | OF CALIFORNIA | |
| Case numbe | ır | | |
| (if known) | | | Check if this is an |
| | | | amended filing |
| Official | Form 106H | | |
| | ile H: Your Codebtors | | 12/15 |
| Scricat | ile II. Tour oddebtors | | 12/13 |
| your name a | nd case number (if known). Answer every question have any codebtors? (If you are filing a joint case | on. | nis page. On the top of any Additional Pages, write a codebtor. |
| 1. DO yo | nd have any codebtors: (if you are filling a joint case | e, do not list either spouse as | a codebior. |
| ■ No □ Yes | | | |
| Arizona, No. G | n the last 8 years, have you lived in a community California, Idaho, Louisiana, Nevada, New Mexico, Iso to line 3. Did your spouse, former spouse, or legal equivalent I | Puerto Rico, Texas, Washing | |
| 3. In Colur in line 2 | nn 1, list all of your codebtors. Do not include yo again as a codebtor only if that person is a guar 16D), Schedule E/F (Official Form 106E/F), or Sche | ur spouse as a codebtor if y antor or cosigner. Make sui | your spouse is filing with you. List the person shown e you have listed the creditor on Schedule D (Official). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | olumn 1: Your codebtor me, Number, Street, City, State and ZIP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | ☐ Schedule D, line |
| | me | | ☐ Schedule E/F, line |
| | | | ☐ Schedule G, line |
| Nu | Imber Street | | |
| Cit | | ZIP Code | |
| 3.2 | | | ☐ Schedule D, line |
| | me | | ☐ Schedule E/F, line |
| | | | ☐ Schedule G, line |
| Ni | imber Street | | |
| Cit | | ZIP Code | |
| | | | |

| Fill | in this information to identify your c | ase: | | | |
|-------------|---|----------------------------|--|---|---|
| | , , | lliam Vickers | | | |
| | otor 2 Ariana Kath | leen Vickers | | | |
| Uni | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF CALIFORNIA | | |
| | se number nown) | | - | | |
| 0 | fficial Form 106I | | | MM / DD/ Y | YYY |
| S | chedule I: Your Inc | ome | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment | r spouse is not filing w | ith you, do not include informat onal pages, write your name an | ion about your spo d case number (if l | ouse. If more space is needed, known). Answer every question |
| | information. | | Debtor 1 | | or non-filing spouse |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed □ Not employed | ■ Emplo | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Rocklin Coin Shop | Rocklin | ı Coin Shop |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | |
| | | How long employed t | here? | | |
| Par | t 2: Give Details About Mor | nthly Income | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to report for any | line, write \$0 in the | space. Include your non-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information for all emp | loyers for that perso | on on the lines below. If you need |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

| filing spouse | non- | | | |
|---------------|------|----------|------|----|
| 4,500.00 | \$ | 4,500.00 | \$_ | 2. |
| 0.00 | +\$_ | 0.00 | +\$_ | 3. |
| 4,500.00 | \$_ | 4,500.00 | \$_ | 4. |

Official Form 106I Schedule I: Your Income page 1

Matthew William Vickers Debtor 1 **Ariana Kathleen Vickers** Debtor 2 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 4.500.00 4,500.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 0.00 0.00 Mandatory contributions for retirement plans 5b. 5b. 0.00 0.00 Voluntary contributions for retirement plans 5c. 5c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5q. 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. 4,500.00 4,500.00 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8h Interest and dividends 8h \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4.500.00 \$ 4.500.00 9.000.00 \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 9,000.00 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

| Fill | in this information to identify your case: | | | | |
|---------|---|---|------------------|--------------------|---|
| Deb | tor 1 Matthew William Vickers | | Check | t if this is: | |
| | | | _ | An amended filing | |
| | tor 2 Ariana Kathleen Vickers | | | | ving postpetition chapter the following date: |
| `` | | NDAHA. | | | |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFO | DRNIA | IV | MM / DD / YYYY | |
| | e number nown) | | | | |
| (II K | iowii) | | | | |
| <u></u> | fficial Form 106 I | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses as complete and accurate as possible. If two married people ar | o filing together he | th are equa | lly rosponsible fo | 12/15 |
| info | ormation. If more space is needed, attach another sheet to this nber (if known). Answer every question. | | | | |
| Par | | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Sonarato House | hold of Dobto | or 2 | |
| _ | | s ioi Separate Housei | noid of Debit | Л 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | 8 | Yes |
| | | Son | | 12 | □ No ■ Yes |
| | | 3011 | | | ■ Yes □ No |
| | | Daughter | | 15 | ■ Yes |
| | | | | | □No |
| | | Son | | new | Yes |
| 3. | Do your expenses include expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | imate your expenses as of your bankruptcy filing date unless y enses as of a date after the bankruptcy is filed. If this is a supp blicable date. | | | | |
| Inc | lude expenses paid for with non-cash government assistance in | f vou know | | | |
| the | value of such assistance and have included it on Schedule I: Y | | | Your expe | ansas |
| (Of | iicial Form 106l.) | | | Tour expe | 511363 |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 0.00 |
| | If not included in line 4: | | | | |
| | | | | | |
| | 4a. Real estate taxes4b. Property, homeowner's, or renter's insurance | | 4a. \$ 4b. \$ | | 0.00 25.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 100.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 170.00 |
| 5. | Additional mortgage payments for your residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| | | am Vickers | | | |
|----------|---|---|---|----------------|----------------------------|
| ebtor 2 | Ariana Kathlee | en Vickers | Case num | ber (if known) | |
| Util | ties: | | | | |
| 6a. | Electricity, heat, i | natural gas | 6a. | \$ | 500.00 |
| 6b. | Water, sewer, ga | _ | 6b. | \$ | 100.00 |
| 6c. | _ | phone, Internet, satellite, and cable services | 6c. | \$ | 550.00 |
| 6d. | Other. Specify: | , , , | 6d. | \$ | 0.00 |
| Foo | d and housekeepi | ng supplies | 7. | \$ | 1,300.00 |
| Chi | dcare and childre | n's education costs | 8. | \$ | 130.00 |
| Clo | hing, laundry, and | d dry cleaning | 9. | \$ | 100.00 |
| . Per | sonal care produc | ts and services | 10. | \$ | 0.00 |
| . Med | lical and dental ex | penses | 11. | \$ | 300.00 |
| . Tra | nsportation. Includ | e gas, maintenance, bus or train fare. | | _ | F00.00 |
| | not include car payr | | 12. | · | 500.00 |
| | | recreation, newspapers, magazines, and b | | \$ | 150.00 |
| | | ons and religious donations | 14. | \$ | 0.00 |
| | irance. | | 4 00 | | |
| | Life insurance | ce deducted from your pay or included in lines | 4 or 20. 15a. | • | 0.00 |
| | Health insurance | | 15a. 15b. | · | 1,215.00 |
| | Vehicle insurance | | 15c. | · : | 130.00 |
| | Other insurance. | | 15d. | \$ | 0.00 |
| | | eaxes deducted from your pay or included in lin | | Ψ | 0.00 |
| | cify: estimated t | | 16. | \$ | 1,000.00 |
| | allment or lease p | | | <u> </u> | 1,000.00 |
| | Car payments for | | 17a. | \$ | 0.00 |
| 17b | Car payments for | r Vehicle 2 | 17b. | \$ | 0.00 |
| 17c | Other. Specify: | | 17c. | \$ | 0.00 |
| 17d | Other. Specify: | | 17d. | \$ | 0.00 |
| . You | r payments of alin | nony, maintenance, and support that you d | id not report as | _ | |
| | | ay on line 5, Schedule I, Your Income (Office | | · · | 0.00 |
| | | nake to support others who do not live with | | \$ | 0.00 |
| Spe | , | | 19. | | |
| | er real property ex Mortgages on oth | spenses not included in lines 4 or 5 of this f | orm or on <i>Schedule I: Yo</i> 20a. | | 0.00 |
| | Real estate taxes | | 20a. 20b. | · | |
| | | | 200. 20c. | · - | 0.00 |
| | | wner's, or renter's insurance pair, and upkeep expenses | 20c. 20d. | · : ———— | 0.00 |
| | | sociation or condominium dues | 20d. 20e. | · | 0.00 |
| | | sociation of condominatin dues | | φ +\$ | |
| . Oth | er: Specify: | | | +4 | 0.00 |
| 2. Cal | ulate your month | ly expenses | | | |
| | Add lines 4 throug | | | \$ | 6,270.00 |
| 22b | Copy line 22 (mon | thly expenses for Debtor 2), if any, from Officia | al Form 106J-2 | \$ | |
| 22c | Add line 22a and 2 | 22b. The result is your monthly expenses. | | \$ | 6,270.00 |
| 0-1 | | homet in come | | | |
| | culate your month | i y net income. <i>ur combined monthly income)</i> from Schedule I. | 23a. | ¢ | 0.000.00 |
| | | • • • | | · <u> </u> | 9,000.00 |
| 230 | copy your month | ly expenses from line 22c above. | 23b. | -φ | 6,270.00 |
| 23c | Subtract your mo | onthly expenses from your monthly income. | | | |
| _00 | | r monthly net income. | 23c. | \$ | 2,730.00 |
| For | | rease or decrease in your expenses within a ct to finish paying for your car loan within the year or f your mortgage? | | | e or decrease because of a |
| | lo. | | | | |
| I | | | | | |

| Fill in this infor | mation to identify your | case: | | |
|-------------------------------|---|--------------------------|-------------------------------------|--|
| Debtor 1 | Matthew William | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Ariana Kathleen | Vickers | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F CALIFORNIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Forr Declarat | | ın Individual | Debtor's Schedu | iles 12/15 |
| years, or both. 1 | y or property by fraud i 8 U.S.C. §§ 152, 1341, 1 n Below | | ruptcy case can result in tines up | to \$250,000, or imprisonment for up to 20 |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out bankruptcy | / forms? |
| ■ No | | | | |
| ☐ Yes. I | Name of person | | | Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare te true and correct. | that I have read the sum | mary and schedules filed with this | s declaration and |
| X /s/ Mat | tthew William Vickers | S | X /s/ Ariana Kathleen | Vickers |
| | ew William Vickers | | Ariana Kathleen Vid | ckers |
| Signatu | re of Debtor 1 | | Signature of Debtor 2 | |
| Date | April 20, 2017 | | Date April 20, 2017 | 7 |

| Fill | in this inforn | nation to identify you | r case: | | | | | | | |
|---------------|---|--|--|---|--|---|--|--|--|--|
| Deb | otor 1 | Matthew William | N Vickers | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| | otor 2 use if, filing) | Ariana Kathleen | Vickers Middle Name | Last Name | | | | | | |
| ` ' | | | | | | | | | | |
| Unit | ied States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | | | | | |
| Cas (if kn | e number | | | | _ | theck if this is an mended filing | | | | |
| Sta | | of Financial | Affairs for Individation in the state of the | | ankruptcy | 4/10 | | | | |
| | | ore space is needed, n). Answer every que | | this form. On the top of an | y additional pages, write you | ır name and case | | | | |
| Par | Give D | Details About Your Ma | arital Status and Where You | Lived Before | | | | | | |
| 1. | What is you | r current marital statu | ıs? | | | | | | | |
| | ■ Married□ Not mar | ried | | | | | | | | |
| 2. | During the la | Ouring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes. Lis | ■ No□ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there | | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Par | t 2 Explai | n the Sources of You | r Income | | | | | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | ■ Wages, commissions, bonuses, tips | \$18,000.00 | ■ Wages, commissions, bonuses, tips | \$18,000.00 | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

| Debtor 1 Matthew William Vickers Debtor 2 Ariana Kathleen Vickers | | | | | | Cas | e number (if known) | | |
|---|----------|-------------------------------------|--|---|--|---|---|------------------------------------|---|
| | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | ■ Wages, commissions, bonuses, tips | \$54,000.00 | ■ Wages, comr bonuses, tips | nissions, | \$54,000.00 | | | |
| | | | | | ☐ Operating a business | | Operating a b | usiness | |
| | | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$54,000.00 | ■ Wages, comr bonuses, tips | nissions, | \$54,000.00 |
| | | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | winn | nings. each s No | f you are fil | ing a joint cas | pensions; rental income; intere e and you have income that y me from each source separat | ou received together, list it o | only once under De | btor 1. | d gambling and lottery |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco | me | Gross income (before deductions and exclusions) |
| Par | rt 3: | List | Certain Pa | ayments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. | Are ■ | either No. | Neither D individual During the ■ No. □ Yes | ebtor 1 nor E primarily for a e 90 days befo Go to line 7 List below e paid that cr not include | es debts primarily consumer bettor 2 has primarily consumer personal, family, or household personal, family, or household pre you filed for bankruptcy, did a cach creditor to whom you paid beditor. Do not include payment payments to an attorney for the con 4/01/19 and every 3 years | mer debts. Consumer debted purpose." If you pay any creditor a total dia total of \$6,425* or more its for domestic support obligions bankruptcy case. | I of \$6,425* or more in one or more payrestations, such as chi | e? ments and th ld support a | ne total amount you nd alimony. Also, do |
| | | Yes. | Debtor 1 | or Debtor 2 of 90 days before Go to line 7 List below 6 include pay | r both have primarily consur- re you filed for bankruptcy, did | mer debts. If you pay any creditor a total If a total of \$600 or more and | I of \$600 or more? | ou paid that | t creditor. Do not |
| | Cre | ditor' | s Name an | d Address | Dates of paymer | nt Total amount | Amount you still owe | Was this p | payment for |
| | | | | | | | | | |

| | otor 2 Ariana Kathleen Vickers | | Cas | e number (if known) | | | | |
|------|--|-----------------------------|---------------------|-----------------------------|-----------------|------------------------------|--|--|
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
| | ■ No□ Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 3. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi | | ments or transfer a | any property on ac | ccount of a d | ebt that benefited an | | |
| | No☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment litor's name | | |
| Par | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | • | | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No | ey, were you a party in any | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | rty repossessed, f | oreclosed, garnis | hed, attached | d, seized, or levied? | | |
| | ■ No. Go to line 11.□ Yes. Fill in the information below. | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | Explain what happened | | | | property | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No | | uding a bank or fir | nancial institution | , set off any a | amounts from your | | |
| | ☐ Yes. Fill in the details. Creditor Name and Address | Describe the action the | creditor took | | action was | Amount | | |
| . 2. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes | | rty in the possess | taken ion of an assigned | | efit of creditors, a | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 3. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts | with a total value | of more than \$600 | 0 per person | ? | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave fts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |

| Debtor Debtor | | | | Case number | (if known) | |
|--------------------|---|----------------------|---|---------------------|---|------------------------------|
| 4. W i ■ | | | | ns with a tot | al value of more than | \$600 to any charity? |
| G m C | Sifts or contributions to charities that to nore than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | total | Describe what you contributed | | Dates you contributed | Value |
| Part 6: | List Certain Losses | | | | | |
| | ithin 1 year before you filed for bankru gambling? | ptcy or | since you filed for bankruptcy, did | you lose any | thing because of thef | t, fire, other disaster |
| | No Yes. Fill in the details. | | | | | |
| | escribe the property you lost and ow the loss occurred | Include | be any insurance coverage for the learning that insurance has paid acceptains on line 33 of Schedule A/B. | List pending | Date of your loss | Value of property lost |
| Part 7: | List Certain Payments or Transfers | S | | | | |
| Po A | clude any attorneys, bankruptcy or polition polition any attorneys, bankruptcy petition polition polition. No Yes. Fill in the details. Person Who Was Paid address cluddress cluddress cluddress cluddress cluddress. Person Who Made the Payment, if Not You aw Office of W. Steven Shumway | breparers | | · | Date payment or transfer was made | Amount of payment \$1,500.00 |
| 30 R | 00 Harding Blvd., Suite 116 Roseville, CA 95678 shumway@shumwaylaw.com | | Attorney 1 ees | | | Ψ1,300.00 |
| pro | ithin 1 year before you filed for bankru comised to help you deal with your cree o not include any payment or transfer that | ditors o | r to make payments to your credito | r behalf pay rs? | or transfer any prope | rty to anyone who |
| _ | No Yes. Fill in the details. | | | | | |
| | erson Who Was Paid address | | Description and value of any prop transferred | perty | Date payment or transfer was made | Amount of payment |
| tra Inc | | ur busin s made a | ess or financial affairs? as security (such as the granting of a s | | | |
| A | erson Who Received Transfer address erson's relationship to you | | Description and value of property transferred | | any property or s received or debts xchange | Date transfer was made |

| | otor 1 otor 2 | Matthew William Vickers Ariana Kathleen Vickers | | | Case nun | nber (<i>if known</i>) | |
|-----|---------------------|--|---|-------------------|---------------|--|---|
| 19. | benef | n 10 years before you filed for bankrup iciary? (These are often called asset-pro No Yes. Fill in the details. | | ny property to a | a self-settle | ed trust or similar device o | of which you are a |
| | Name | e of trust | Description and | value of the pro | operty trans | sferred | Date Transfer was made |
| Par | t 8: | List of Certain Financial Accounts, In | struments, Safe Depos | it Boxes, and S | Storage Uni | ts | |
| 20. | sold, Include house | n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial accou | ınts; certificate | s of depos | | |
| | | e of Financial Institution and Pess (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing o transfe |
| 21. | cash, | ou now have, or did you have within 1 or other valuables? No Yes. Fill in the details. | year before you filed fo | r bankruptcy, a | any safe de | posit box or other deposi | tory for securities, |
| | | e of Financial Institution less (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | = N | you stored property in a storage unit No Yes. Fill in the details. | or place other than you | r home within | 1 year befo | re you filed for bankrupto | y? |
| | | e of Storage Facility ress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Control | I for Someone Else | | | | |

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| | otor 1 otor 2 | Matthew William Vickers Ariana Kathleen Vickers | | Ca | se number (if known) | | |
|-----|------------------|---|--|-------|---|--------------------|--|
| 24. | Has | any governmental unit notified you tha | t you may be liable or potentially liable | unc | der or in violation of an environme | ental law? | |
| | | No Yes. Fill in the details. | | | | | |
| | | ne of site lress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice | |
| 25. | Have | you notified any governmental unit of | any release of hazardous material? | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | i | Environmental law, if you know it | Date of notice | |
| 26. | Have | you been a party in any judicial or adr | ninistrative proceeding under any envi | ron | mental law? Include settlements a | nd orders. | |
| | | No Yes. Fill in the details. | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | |
| 27. | With | in 4 years before you filed for bankrupt | cy, did you own a business or have an | y of | the following connections to any | business? | |
| | | A sole proprietor or self-employed i | n a trade, profession, or other activity, | eith | ner full-time or part-time | | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnershi | ip (L | LLP) | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | |
| | | No. None of the above applies. Go to I | Part 12. | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | ·- | | | |
| | | iness Name Iress | Describe the nature of the business | | Employer Identification number Do not include Social Security number or ITIN. | | |
| | (Num | ber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | | |
| | Ro | cklin Coin Shop | coin and metal sales | | EIN: | | |
| | | | | | From-To | | |
| 28. | | in 2 years before you filed for bankrupt tutions, creditors, or other parties. | cy, did you give a financial statement t | o aı | nyone about your business? Inclu | de all financial | |

■ No

Name

Date Issued

☐ Yes. Fill in the details below.

Address (Number, Street, City, State and ZIP Code)

| Debtor 1 | Mattnew William Vickers | | | | | |
|--------------------------|--|---------------------|-------------------------------|---|--|--|
| Debtor 2 | Ariana Kathleen Vickers | | Ca | se number (if known) | | |
| Part 12: | Sign Below | | | | | |
| are true a with a bai | | false statement, | concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. | | |
| /s/ Mattl | new William Vickers | /s/ Ari | ana Kathleen Vickers | | | |
| Matthey | v William Vickers | Ariana | Ariana Kathleen Vickers | | | |
| Signatur | e of Debtor 1 | Signat | Signature of Debtor 2 | | | |
| Date A | pril 20, 2017 | Date | April 20, 2017 | | | |
| Did you a | ttach additional pages to Your Stateme | ent of Financial A | Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? | | |
| ■ No | | | | | | |
| ☐ Yes | | | | | | |
| Did you p | ay or agree to pay someone who is no | t an attorney to h | elp you fill out bankruptc | y forms? | | |
| ■ No | | | | | | |
| □ Yes Na | ame of Person Attach the Bankru | intov Petition Pren | arer's Notice Declaration | and Signature (Official Form 119) | | |

| Fill in this inforr | Fill in this information to identify your case: | | | | |
|---|---|--------------------------------|--|--|--|
| Debtor 1 | Matthew William Vickers | | | | |
| Debtor 2 (Spouse, if filing) Ariana Kathleen Vickers | | | | | |
| United States E | Bankruptcy Court for the: | Eastern District of California | | | |
| Case number (if known) | | | | | |
| | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

 $\hfill\square$ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part 1: | Calculate Your Average Monthly Income |
|----------|---------------------------------------|
| · art ii | Outoulate rout Average monthly moonie |

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space

| | | | | Colui Debt | | mn B or 2 or filing spouse |
|--|--------------------------------|------------------------------------|-----------------------------|---------------|----------|--------------------------------------|
| Your gross wages, salary, tips, bonuses, overtim payroll deductions). | e, and c | ommissi | ons (before all | \$ | 4,500.00 | \$ 4,500.00 |
| Alimony and maintenance payments. Do not inclu Column B is filled in. | de paym | ents from | a spouse if | \$ | 0.00 | \$ 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. Net income from operating a business, | ort. Included old, your spouse | de regula depende only if Co | contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| profession, or farm | Debto | | | | | |
| Gross receipts (before all deductions) | \$ _ | 0.00 | | | | |
| Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | |
| Net monthly income from a business, profession, or | farm \$_ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| Net income from rental and other real property | Debto | r 1 | | | | |
| Gross receipts (before all deductions) | \$_ | 0.00 | | | | |
| Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | |
| Net monthly income from rental or other real property | , ф | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1 Debtor 2 | Ariana Kathleen Vickers | | | Case numbe | er (<i>if known</i>) | | | |
|----------------------|---|---|--------------------------------------|---------------------------------|------------------------|------------------------------|---------------------------|-----------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 | or | |
| | | | | \$ | 0.00 | non-filing | spouse 0.00 | |
| | erest, dividends, and royalties employment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | not enter the amount if you contend t | hat the amount received wa | s a henefit under | · | 0.00 | Ψ | 0.00 | |
| the | e Social Security Act. Instead, list it he | re: | o a perioni unaci | | | | | |
| | For you | | 0.00 | | | | | |
| | For your spouse | | 0.00 | | | | | |
| | nsion or retirement income. Do not nefit under the Social Security Act. | include any amount receive | d that was a | \$ | 0.00 | \$ | 0.00 | |
| Do red do | come from all other sources not lists ont include any benefits received und beived as a victim of a war crime, a crimestic terrorism. If necessary, list other all below. | ler the Social Security Act ome against humanity, or into | r payments ernational or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pa | ages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| | Ilculate your total average monthly in column. Then add the total for Column | | | 4,500.00 | + \$ _ | 4,500.00 | = \$ | 9,000.00 |
| | Determine How to Measure You | me from line 11. | e | | | | \$ | 9,000.00 |
| 13. Ca | Iculate the marital adjustment. Che You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is | | nw | | | | | |
| | You are married and your spouse is | • , | , vv. | | | | | |
| | Fill in the amount of the income listed dependents, such as payment of the | ed in line 11, Column B, tha | t was NOT regula e spouse's suppo | arly paid for t rt of someon | he house e other th | hold expense an you or yo | es of you o ur depende | r your ents. |
| | Below, specify the basis for excluding adjustments on a separate page. | ng this income and the amo | unt of income de | voted to eacl | h purpose | e. If necessar | y, list addit | ional |
| | If this adjustment does not apply, er | nter 0 below. | Φ. | | | | | |
| | | | \$ | | | | | |
| | | | +\$ | | | | | |
| | | | | | | | | |
| | Total | | \$ | 0.0 | 0 Co | ppy here=> | | 0.00 |
| 14. Y | our current monthly income. Subtra | act line 13 from line 12. | | | | | \$ | 9,000.00 |
| 15. C | alculate your current monthly incor | me for the year. Follow the | ese steps: | | | | | |
| 1 | 5a. Copy line 14 here=> | | | | | | \$ | 9,000.00 |
| | Multiply line 15a by 12 (the numb | | | | | | X | 12 |
| 1 | 5b. The result is your current monthly | v income for the year for this | s part of the form. | | | | \$1 | 08,000.00 |

Matthew William Vickers

Ariana Kathleen Vickers Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. CA 7 16b. Fill in the number of people in your household. 109,259.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 17a. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 9.000.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 9,000.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 9,000.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 108.000.00 20b. The result is your current monthly income for the year for this part of the form 109,259.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Matthew William Vickers X /s/ Ariana Kathleen Vickers **Matthew William Vickers** Ariana Kathleen Vickers Signature of Debtor 1 Signature of Debtor 2 Date April 20, 2017 Date April 20, 2017 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Matthew William Vickers

Debtor 1

Debtor 1 Debtor 2 Matthew William Vickers Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2016 to 03/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Rocklin Coin Shop

Constant income of \$4,500.00 per month.*

Debtor 1 Debtor 2 Matthew William Vickers
Ariana Kathleen Vickers
Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2016 to 03/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Rocklin Coin Shop

Constant income of \$4,500.00 per month.*

Matthew William Vickers Debtor 1 Debtor 2 **Ariana Kathleen Vickers** Case number (if known) *Paycheck Details: **Rocklin Coin Shop** Date Earnings Overtime Taxes Other Net Check 4,500.00 4,500.00 Salary X6 0.00 0.00 0.00 Totals: 4,500.00 0.00 0.00 0.00 4,500.00 **Rocklin Coin Shop** Overtime Other Net Check Date Earnings Taxes Salary X6 4,500.00 0.00 0.00 0.00 4,500.00

0.00

0.00

0.00

4,500.00

4,500.00

Totals:

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

| In | Matthew William Vickers Riana Kathleen Vickers | | Case No. | |
|------|--|--|--|------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | NEY FOR DE | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 2,500.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,500.00 |
| | Balance Due | | \$ | 1,000.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | y agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| | April 20, 2017 Date | Is/ W. Steven Shum W. Steven Shumw Signature of Attorney Law Office of W. S 300 Harding Blvd. Roseville, CA 956 (916) 789-8821 Fa sshumway@shum Name of law firm | vay Steven Shumway , Suite 116 78 ax: (916) 789-2083 | |

Doc 1

Borton Petrini LLP 201 Needham St. Modesto, CA 95354

Capital One P.O. Box 30285 Salt Lake City, UT 84130

Chase Credit Cards P.O. Box 15298 Wilmington, DE 19850

Employment Development Dept. Bankruptcy Special Procedures Group P.O. Box 825880 MIC 92E Sacramento, CA 94280

Franchise Tax Board Bankrtuptcy Section MS A-340 P.O. Box 2952 Sacramento, CA 95812

GECRB/Amazon P.O. Box 956016 Orlando, FL 32896

George Bills, Jr 4570 Granite Dr. Rocklin, CA 95677

Health Net P.O. Box 1630 Van Nuys, CA 91409

Hills Flat Lumber P.O. Box 1630 Colfax, CA 95713

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Nationstar Mortgage 350 HIghland Houston, TX 77067

Vickers, Matthew and Ariana - - Pg. 2 of 2

Salem Communications Corp c/o Szabo Associates, Inc. 3355 Lenox Rd., NE, Suite 945 Atlanta, GA 30326

Target P.O. Box 660170 Dallas, TX 75266

Travis CU P.O. Box 2069 Vacaville, CA 95696

Wilshire Consumer Credit P.O. Box 849083 Los Angeles, CA 90084

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